MISSOURI SCHOOL IMPROVEMENT PROGRAM

CENTRAL OFFICE PERSONNEL INTERVIEW QUESTIONS (superintendent, assistant/associate superintendent)

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- 1. Complete the headings at the top of the pages. Use the positions (not names) of the persons being interviewed.
- 2. ASK EACH INTERVIEWEE ALL QUESTIONS IN THE PACKET.
- 3. Complete the checklist for Facilities on the interview sheet while walking around the facilities and grounds.
- 4. Check your responses to the questions: are they clear, complete thoughts, and legible?
- 5. Follow the Team Leader's directions for distributing the interview sheets to the appropriate committees

District	Building	Building		
Team Member	Staff Interviewed	(1)(2)		
6.1.1 (CO1) How do you know your district's curre	iculum is preparing students for t	he MAP?		
6.2.3 (CO2) What kinds of disaggregated student a				
6.3.1 (CO3) What specific instructional strategies l				
6.7.2 (CO4) Is participation in professional develop				
6.7.5 (CO5) How does the PDC ensure that 75 percobjectives?	cent of the one percent funds are	used to address CSIP		
[Additional Information]				

District	Building		
Team Member	Staff Interviewed	(1) (2)	
6.6.1 (CO6) When and how is the code of conduct or dis	sciplinary policy disseminate	ed <u>to students</u> ?	
When is this disseminated to parents?			
6.9.1 (CO7) How has the guidance program been modified to address issues (e.g., student performance, climate, career/educational planning, attendance, safety) identified in the CSIP?			
[Additional Information]			

District	Building	
Team Member	Staff Interviewed (1)(2)	
7.3.4(CO8) What plans for vocational program improvement Comprehensive School Improvement Program		
7.6 (CO9) How are ABE and GED services made available	e to district residents?	
(CO10) How is information regarding continuing education	tion programs provided to the public?	
[Additional Information]		

8.10.3

(CO18) What procedures/training on emergency first aid and/or CPR are in place?

8.11.2

(CO19) Is a registered nurse employed? If not, who reviews the health services plan and program?

TEAM MEMBER OBSERVATION CHECKLIST

Name of Building _____

[Rate the following items in each building visited.]

8.9 BUILDING CONDITIONS

[Circle (A)ppropriate or (I)nappropriate.]

- A / I lighting/heating/ventilation
- A / I cleanliness
- A / I general state of repair/maintenance
- A / I entrance accessible to individuals with disabilities
- A / I restroom(s) accessible to individuals with disabilities
- A / I generally appropriate for educational programs
- A / I of adequate size for the number of students
- A / I indoor recreation facilities
- A / I outdoor recreation/play areas—fences, game areas, equipment, surfaces
- A / I LMC—size, storage space, furniture
- A / I guidance office—accessible, affords privacy
- A / I health/first aid office—permits continuous supervision of ill students
- A / I infrastructure for technology

[Explain the situation for any "Inappropriate" response.]

8.10 SAFETY

YES/NO fi	ire extinguishers—	-recent inspection/test?
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YES/NO emergency exiting procedures are posted in each room by the exit?

YES/NO lighted exit signs?

YES/NO science laboratory—proper storage for chemicals, eye-wash station (no eye-wash bottles), chemical/fire blankets in labs using a heat source, hooded ventilation and safety glasses?

YES/NO industrial technology shop(s)—safety glasses, machine guards, safety rules posted, safety zones marked, combustibles properly stored, appropriate ventilation?

YES/NO agricultural education shop(s)—safety glasses, machine guards, safety rules posted, safety zones marked, combustibles properly stored, appropriate ventilation?

[Explain any "NO" response.]